An introduction to RESPECT

Level 3 training
Conversations

Please type your name in the chat box as you arrive so we know who has attended and pop yourself on mute ☺

Presentation contents

Background to **ReSPECT**

What is **ReSPECT** and how is it different to what we have already?

Who is **ReSPECT** for?

What does the form look like?

How to care for someone with a **ReSPECT** form

When to update the form

Presentation contents

Having a conversation about **ReSPECT**

Completing the form

Communicating the form

The **ReSPECT** form, legal status and relationship with other areas

Learning objectives

At the end of this presentation you should be prepared to:

- Discuss potentially life-sustaining treatments in the context of a person's overall goals of care
- Make shared decisions wherever possible
- Practice and promote good decision-making
- Communicate effectively
- Practice and promote high-quality documentation
- Use **ReSPECT** to help achieve these objectives.

What ReSPECT means and how it is different?

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment

ReSPECT is different from previous DNACPR's and treatment escalation plans because:

- ReSPECT is proactive and not reactive.
- ReSPECT is personalised.
- ReSPECT involves more than just the person.
- ReSPECT is about much more than CPR decisions.
- ReSPECT applies nationally and in all settings.
- ReSPECT has been developed by national experts and members of the public.

Background

Previously DNACPR decisions and discussions have led to:

- negative patient / public perceptions
- negative clinicians' perceptions
- complaints
- litigation
- negative media reports

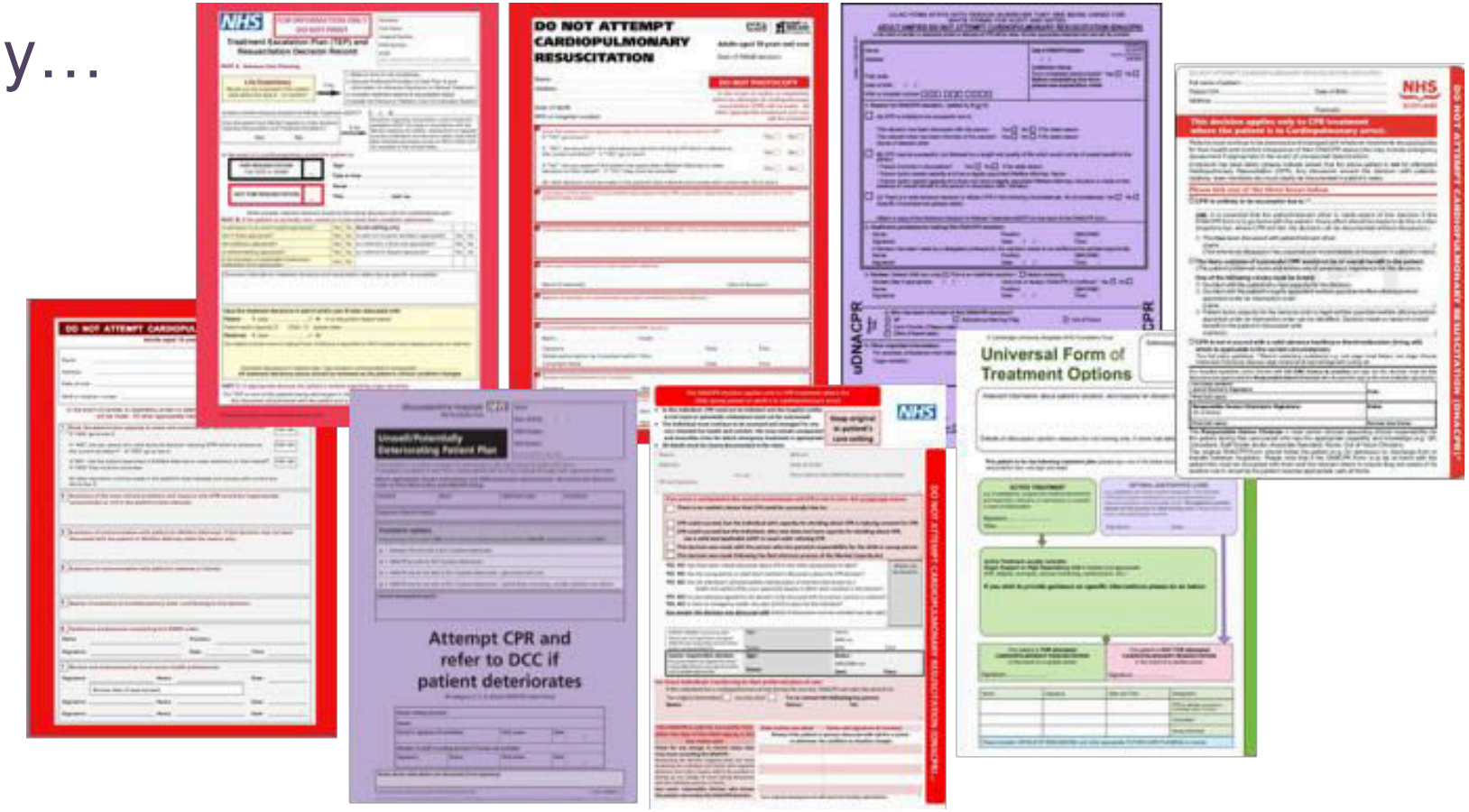
Background

Common themes

- Poor or absent communication
- Bad decision-making
- Poor or absent documentation

Background

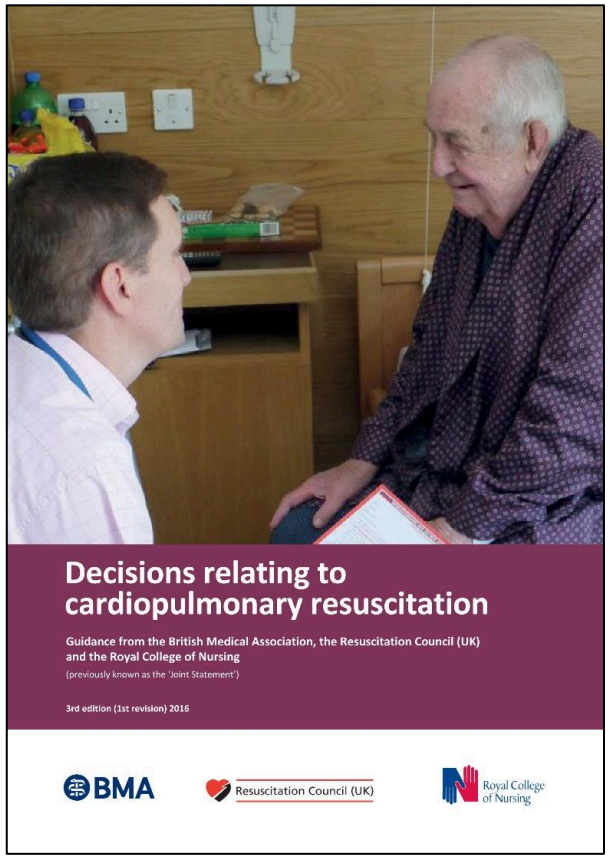
Previously…



Background

National guidance on CPR decisions

"…there are clear benefits in having (CPR) decisions recorded on standard forms that are… recognised across geographical and organisational boundaries within the UK



How to initiate ReSPECT

- This **MUST** begin with a conversation with the person.
- If they don't have capacity for these decisions record the capacity assessment in their health record and have a conversation with family or other representatives whenever possible.
- Make decisions when they are needed.
- If no discussion is possible, record the reasons.

How to initiate ReSPECT

If you consider that **ReSPECT** conversations discussions will cause significant harm to your patient, or it is clearly impossible, you are not obliged to do so but must document your reasons for not involving patients in **ReSPECT** conversations.

Whilst healthcare professionals should not feel pressurised to force harmful discussions about **ReSPECT** onto vulnerable patients, we should also not avoid them for fear of causing distress.

How to initiate the conversation

How to start…

How to initiate the conversation

“What have the doctors told you to expect?”

“Tell me what you understand about your condition/diagnosis?”

“Have you thought about what you’d like us to do if you can’t tell us yourself? Is there anyone (a friend or family member) you’d like to make decisions for you? Or do you want to write them down in advance?”

“If you were to become more unwell, what would be important to you?”

Identifying patients who may benefit from a ReSPECT conversation

ReSPECT can be for anyone who wants to record their care and treatment preferences, but particularly those who have complex health needs, are likely to be nearing the end of life, or at risk of sudden deterioration or cardiac arrest.

There are some triggers that may prompt healthcare professionals to consider initiating a **ReSPECT** conversation:

- A new **diagnosis of a serious life-limiting condition** whether in hospital or primary care.
- People who were **otherwise well who have deteriorated suddenly**
- People who have been identified as **living with moderate or severe frailty**
- People with a chronic condition identified with poor prognostic markers for their condition and therefore may be in the last year of life

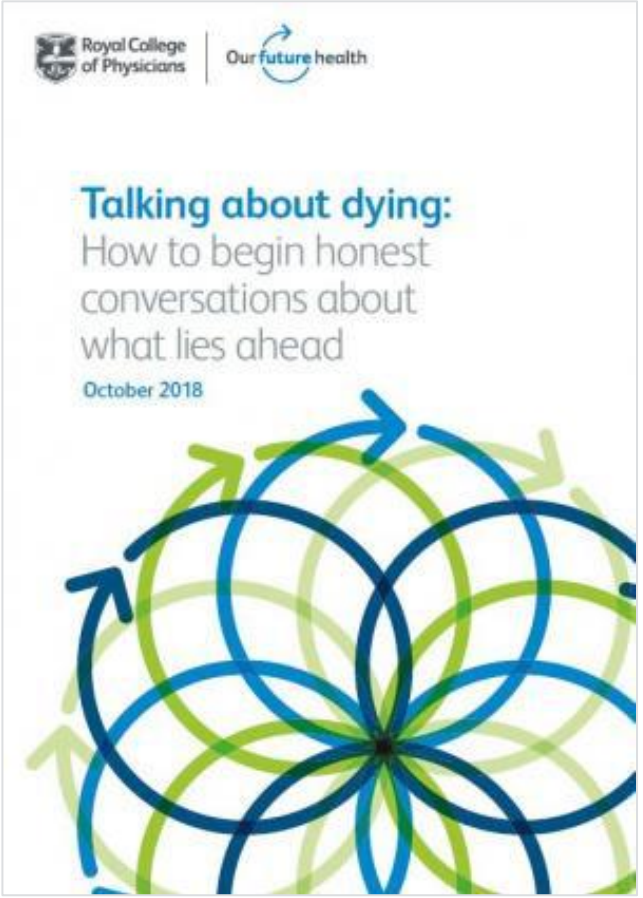
Skills to support conversations

Active listening skills

Caring for diverse populations and for people with a specific condition

Advanced communication skills

Taking care of yourself and your colleagues



Professionals who may refer to a ReSPECT form

- Ambulance crews
- Doctors (all settings and grades)
- Nurses (all settings and grades)
- Allied health professionals (all settings and grades)
- Social care professionals

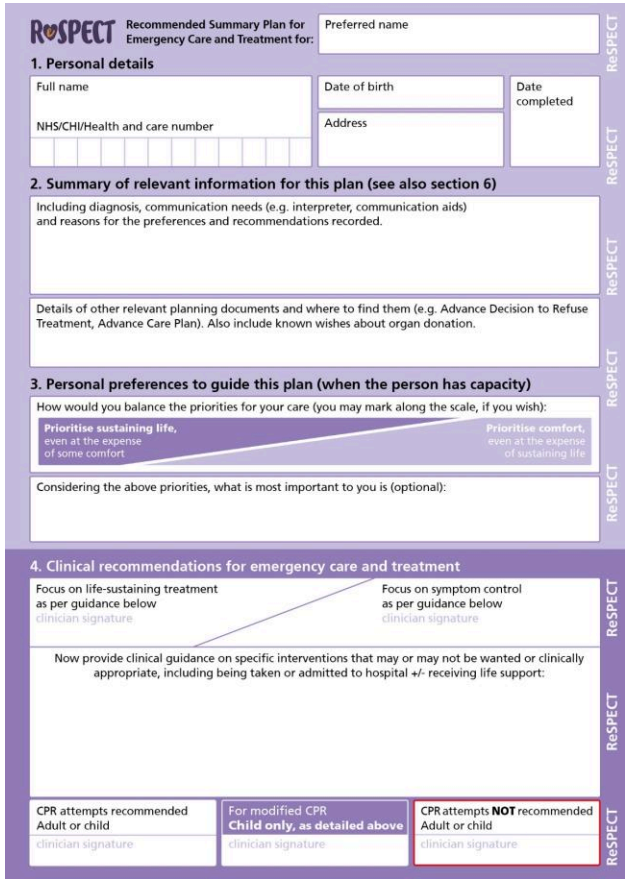
Remember:

- Always consider the likely users
- Ensure that recommendations are clear and unambiguous to all potential readers

Completing a ReSPECT form

The **ReSPECT** form can be used to support discussions with patients (and/ or those close to patients).

Work through and complete each section in sequence.


ReSPECT Recommended Summary Plan for Emergency Care and Treatment for: Preferred name

1. Personal details

Full name | Date of birth | Date completed

NHS/CHI/Health and care number | Address

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort

Prioritise comfort, even at the expense of sustaining life

Considering the above priorities, what is most important to you is (optional):

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below clinician signature

Focus on symptom control as per guidance below clinician signature

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

CPR attempts recommended Adult or child clinician signature

For modified CPR **Child only, as detailed above** clinician signature

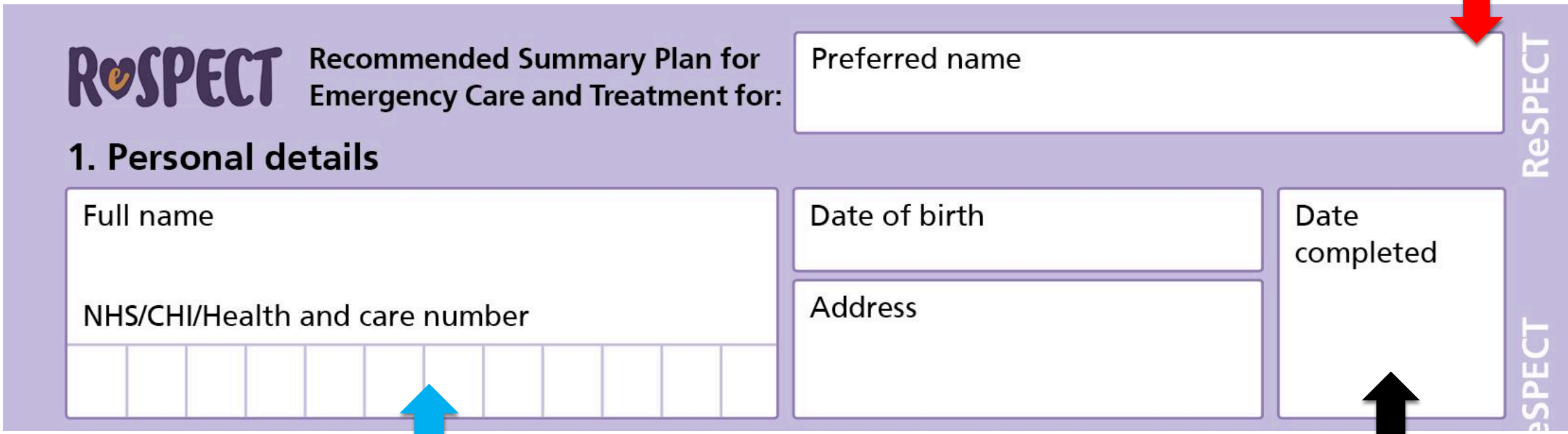
CPR attempts **NOT** recommended Adult or child clinician signature

ReSPECT

Recommended Summary Plan for Emergency Care and Treatment

Completing a ReSPECT form — 1

Ask the person the name by which they would like to be addressed and record it

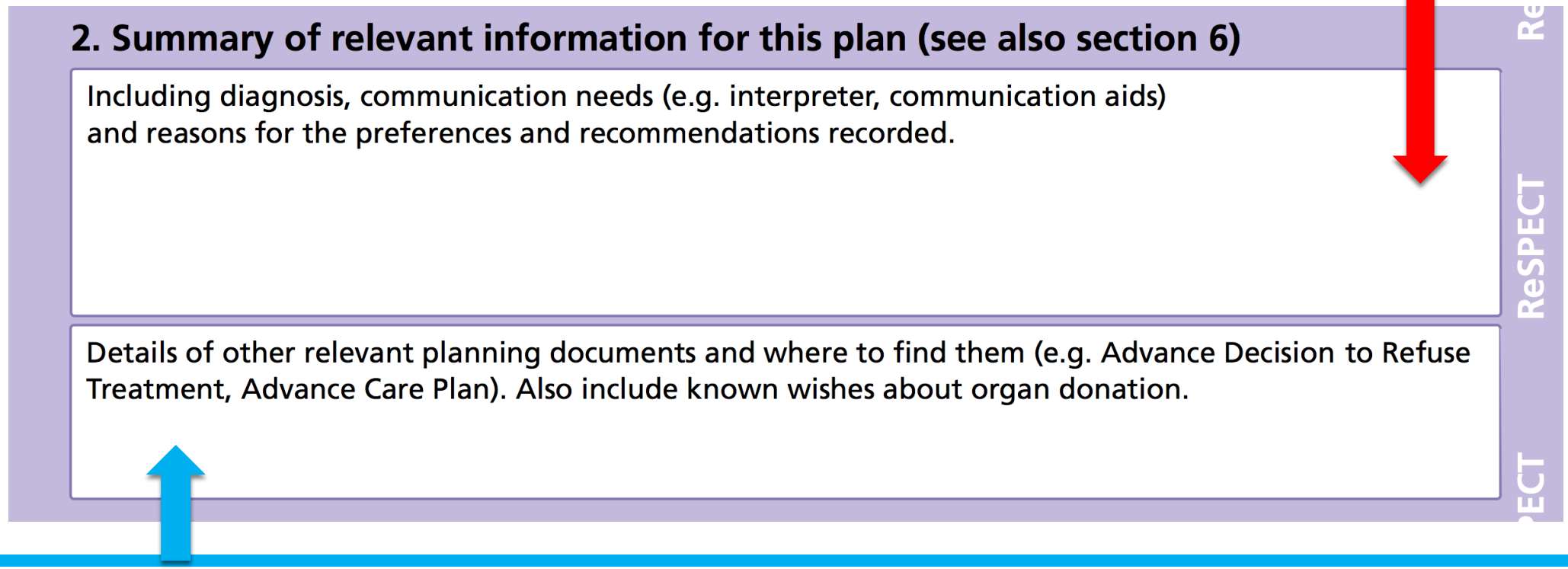


Insert the person's full details

Insert the date of completion of the form

Completing a ReSPECT form — 2

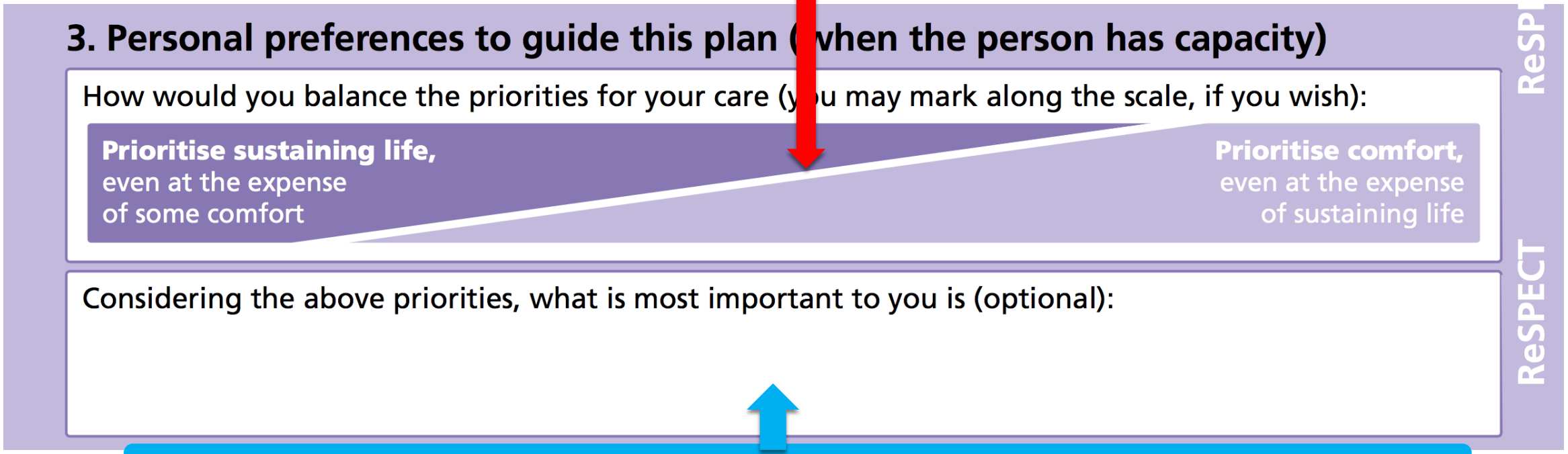
Discuss with the person their condition and prognosis and any special needs (e.g. communication, mobility) - summarise these



Ask about and record details of other plans or documents

Completing a ReSPECT form — 3

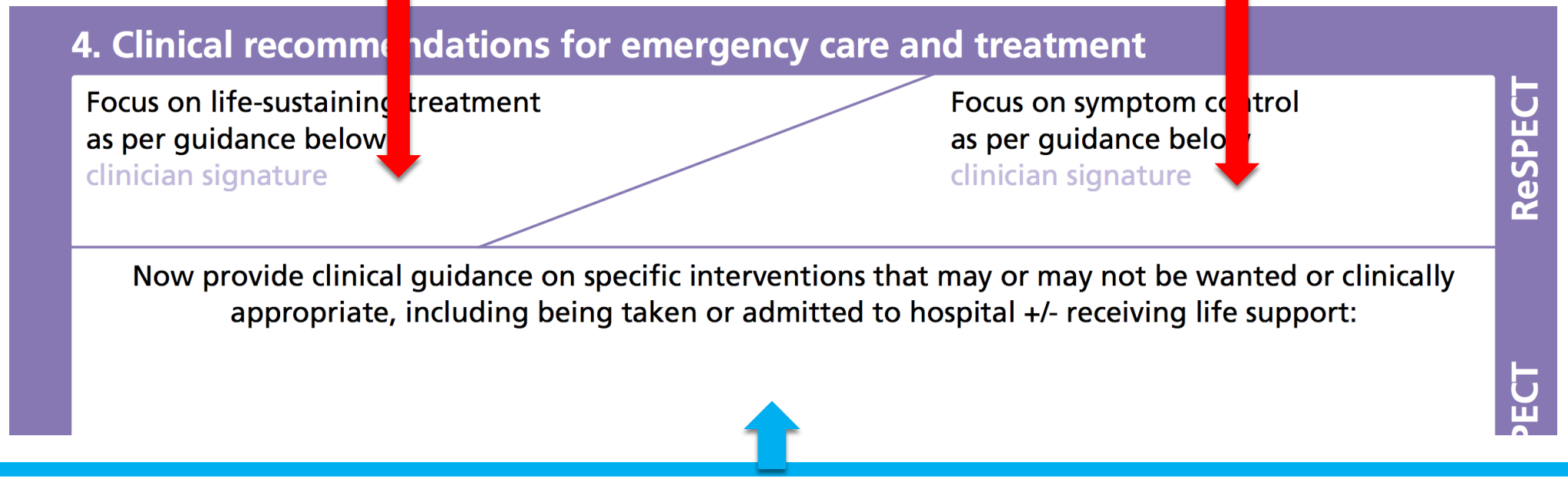
Use the scale to help the person to understand the balance between priorities of care and identify their own priority



Record (if they wish) the aspect(s) of life most important to the person

Completing a ReSPECT form — 4a

Sign one (agreed whenever possible) main focus of care



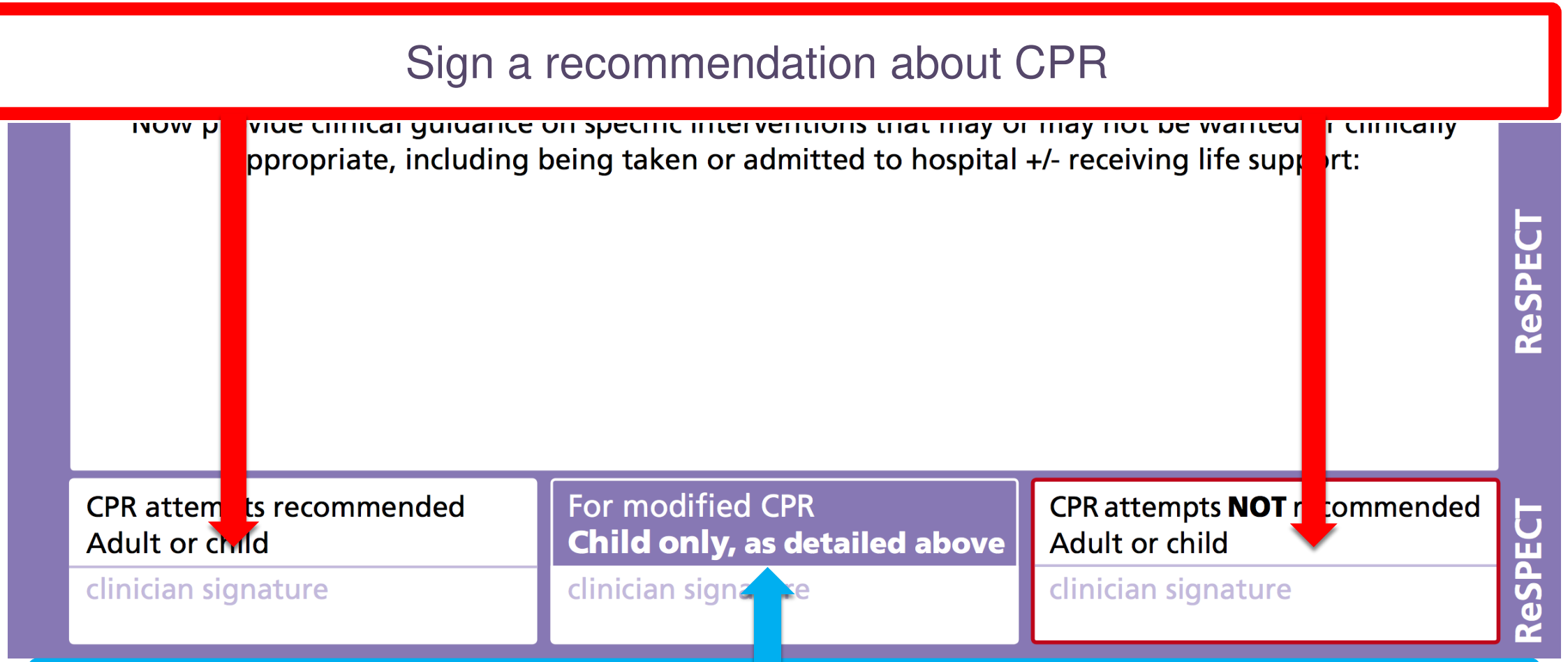
List elements of emergency care and treatment that

- should be considered
- they would not want
- would not work in the person's situation

Include whether or not they would want to be taken to hospital and in what circumstances

Completing a ReSPECT form — 4c

Sign a recommendation about CPR



The middle box is for use only in those children in whom a need for a modified CPR sequence has been identified and agreed

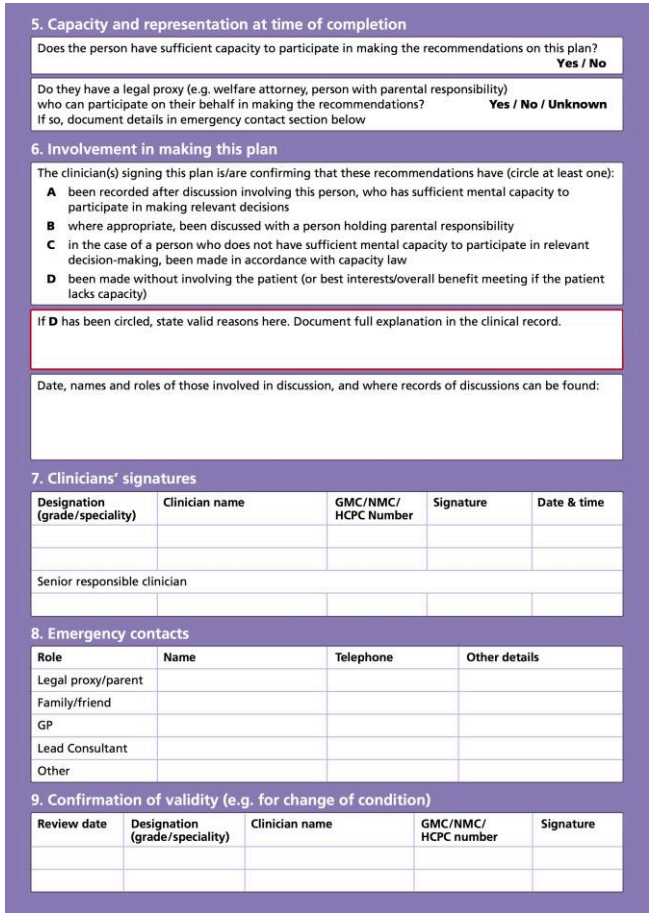
Completing a ReSPECT form — 4b

Remember that all recommendations should be shared decisions whenever possible

Completing a ReSPECT form

Having completed discussion, shared decision-making and recording…

…turn over the form to verify the basis for the agreed recommendations



5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this plan? **Yes / No**

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? **Yes / No / Unknown**
If so, document details in emergency contact section below

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that these recommendations have (circle at least one):

- **A** been recorded after discussion involving this person, who has sufficient mental capacity to participate in making relevant decisions
- **B** where appropriate, been discussed with a person holding parental responsibility
- **C** in the case of a person who does not have sufficient mental capacity to participate in relevant decision-making, been made in accordance with capacity law
- **D** been made without involving the patient (or best interests/overall benefit meeting if the patient lacks capacity)

If **D** has been circled, state valid reasons here. Document full explanation in the clinical record.

Date, names and roles of those involved in discussion, and where records of discussions can be found:

7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC Number	Signature	Date & time
Senior responsible clinician				

8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend			
GP			
Lead Consultant			
Other			

9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC number	Signature

Completing a ReSPECT form — 5

If you suspect that the person does not have capacity to participate in decisions about these matters make a formal capacity assessment and record it in the health record

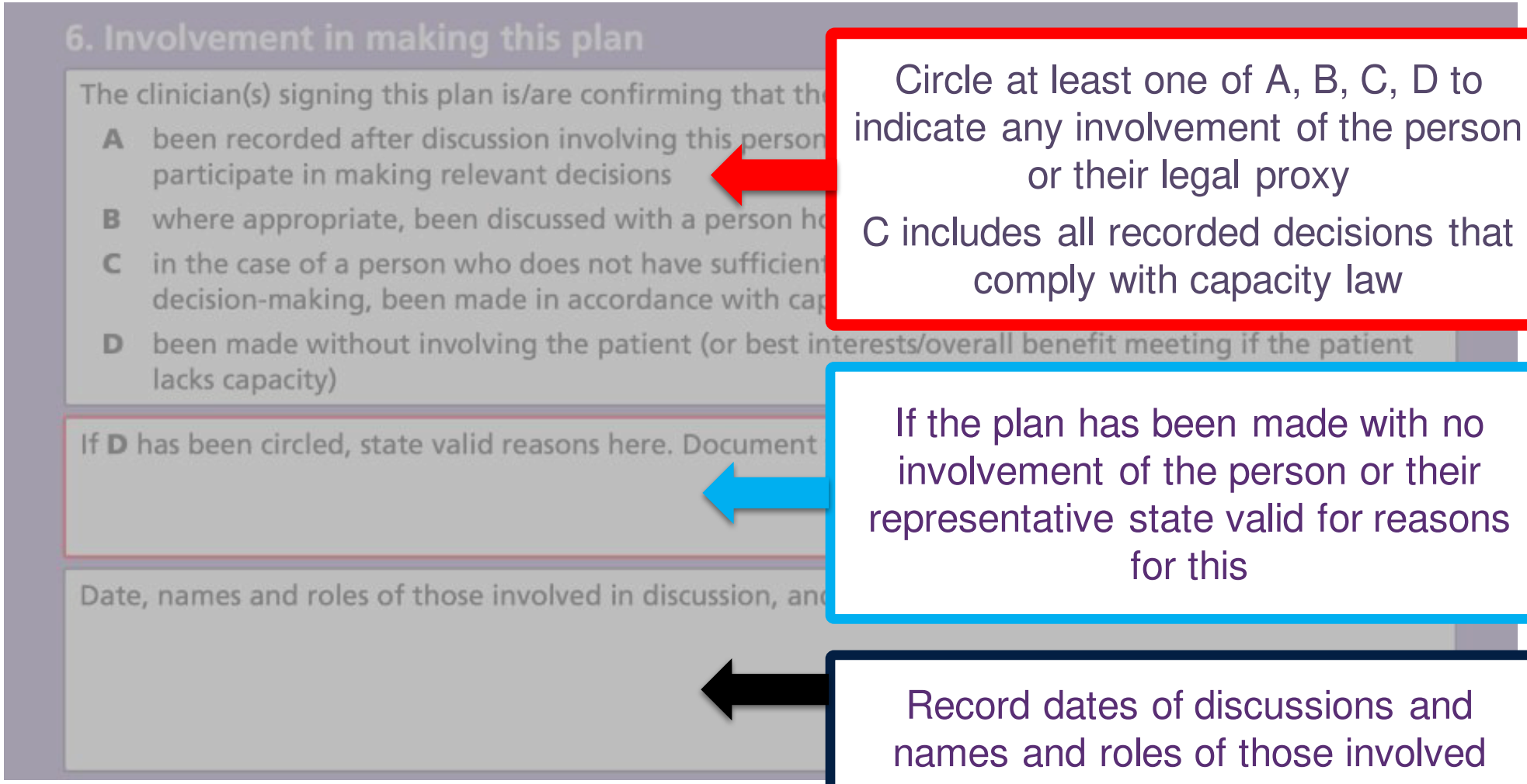
5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this pla ?
Yes / No

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? **Yes / No / Unknown**
If so, document details in emergency contact section below

Ask whether or not they have a legal proxy to participate in decision-making on their behalf if they lose or have lost capacity - if so, insert their contact details in section 8

Completing a ReSPECT form — 6



Circle at least one of A, B, C, D to indicate any involvement of the person or their legal proxy

C includes all recorded decisions that comply with capacity law

If the plan has been made with no involvement of the person or their representative state valid for reasons for this

Record dates of discussions and names and roles of those involved

Completing a ReSPECT form — 7

Complete this line in full to confirm that you have completed the form accurately

7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC Number	Signature	Date & time
Senior responsible clinician				

The senior responsible clinician should be aware of and agree to this plan. If you are not that clinician they should be asked to endorse it by completing this line at the earliest practicable opportunity

Completing a ReSPECT form — 8

8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend			
GP			
Lead Consultant			
Other			

List name and contact details of all those who must be contacted
and those that the person would want contacted
in an emergency (and are willing to be contacted)

Completing a ReSPECT form — 9

9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC number	Signature

Leave this box blank at initiation

If a person's condition changes or they move from one care setting to another (including a change of hospital ward) a senior clinician should review the **ReSPECT** recommendations, in discussion with the patient unless this is inappropriate and they must:

- sign and date here to confirm that they are still valid OR
- cancel this form and create a new revised one

When to update the form

There is no set review date. Reviews are scheduled according to each person's situation for example:

- when the person (or their representative) asks for this
- when there has been a significant change in the person's condition
- when the person is moving (or has moved) from one setting to another).

Existing DNACPR forms will continue to be valid and will be recognised by all organisations as before and do not need to be replaced immediately.

When reviewing a DNACPR form, it may be appropriate to replace this with a ReSPECT form.

ReSPECT forms that are no longer valid should be clearly marked "CANCELLED" with two diagonal lines, your legible signature (and legible name and registration number and the date).

Where to send form once completed

- Ensure that the form is uploaded to EMIS and saved in document: ReSPECT completed- For Resuscitation or Not For Resuscitation Date/Initials
- Add an alert to EMIS stating: ReSPECT form completed- For Resuscitation or Not For Resuscitation Date/Initials
- Advise the GP that you have completed the RESPECT form- suggest via email and attach a copy of the completed document
- Advise SWAST via email SWASNT.clinical-alerts@nhs.net
- Advise BrisDoc via email brisdoc.careplan@nhs.net

ReSPECT – summary

Use **ReSPECT** to help you with good communication, decision-making and documentation.

Start with a conversation with the person.

Aim to make shared decisions whenever possible.

Work through **ReSPECT** systematically to establish:

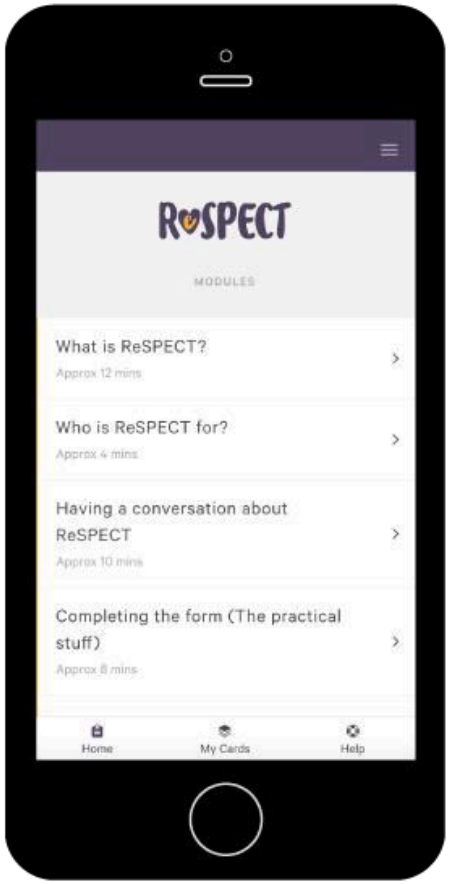
- the background to the recommendations
- the person's preferences for care and treatment
- agreed (whenever possible) clinical recommendations

Complete page 2 fully to confirm the validity of the plan.

Review **ReSPECT** recommendations according to individual needs

Q&A

What next?

Complete e-learning https://learning.respectprocess.org.uk

- **What is ReSPECT?** (12 minutes)
- **Who is ReSPECT for?** (4 minutes)
- **How to care for someone with a ReSPECT form** (10 minutes)
- **How to check if the ReSPECT form has been filled in correctly. Completing the form** (the practical stuff) (10 minutes)
- Complete all the scenarios and profiles to get a certificate. If you cannot complete all the scenarios in one sitting you have the option to come back to where you left off.